tive was to determine the impact of the PDL on net costs and utilization of LANA, total narcotic analgesics, and non-narcotic substitute drugs. METHODS: We obtained Arkansas Medicaid claims data from January 2003 to July 2007. Net costs based on CMS-rebates and mg of morphine equivalents (MEq) obtained from standardized conversion tables were the primary outcome variables. Autoregressive-integrated-moving-average ARIMA time series models of monthly measures were estimated. Interrupted OLS time series models were estimated to capture the impact of the policy on the shifts in trend and intercept. RESULTS: There were 709,791 Medicaid eligible, of which 3,227 used a LANA whom had an average age of 44.65 years, 39.36% male, and 80.54% white. The PDL was associated with a $1.41 million (95%CI: $0.37–$2.43 million) and a $1.78 million (95%CI: $0.48–$3.05 million) cost reduction for LANA and total narcotic analgesics over the 22-month post-policy period. Total narcotic utilization was not significantly different than trend utilization for 18 months of the post-policy period. The PDL was associated with a significant increase in C-II short-acting narcotic utilization of 202.828 (95%CI: 68.160–337.497) MEq and non-significant decreases in C-II LANA and CIII-V narcotic utilization. A sensitivity analysis with a term to capture the effect of generic fentanyl availability yielded more conservative cost saving estimates. There was no PDL-related increase in the utilization of benzodiazepines, migraine agents, NSAIDs, muscle-relaxants, anticonvulsants, or antidepressants. CONCLUSIONS: The PDL resulted in significant cost savings for narcotic analgesics. The policy did not consistently affect the overall level of narcotic analgesia prescribed, however, the policy may have steered patients toward shorter acting narcotics.

PSY63
PATIENT-REPORTED OUTCOMES (PRO’S) AND ECONOMICS IN PATIENTS WITH BACK PAIN IN GERMANY
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OBJECTIVES: To evaluate health care resource use, costs and patient-reported outcomes (PRO’s) among patients with neuropathic pain, specifically for guideline-, non-guideline- and self-treatment-groups in Germany. METHODS: Patients were consecutively recruited by physicians in general practice (n = 47) in 2005. Data on resource utilization due to neuropathic pain was collected retrospectively for six months. Costs were estimated from the societal perspective. PRO were assessed through the disease-specific Hannover Functional Questionnaire (FFbH), von Korff index, FFbH-R and frequency of PHQ-D somatoform symptoms. The self-treatment group reported the highest mean physical component of the SF-36 compared to other groups (39.6 ± 10.4, p = 0.0011, adjusted by age). Mean total societal perspective costs per patient were ($417.61 [95%CI 171.03; 664.18] vs. $3159.17 [95%CI 933.62; 5384.73] vs. $1640.58 [95%CI 818.02; 2463.13], self-treatment vs. guideline vs. non-guideline-group, respectively). The major cost factors were: in the self-treatment-group, reduction of earning capacity (43.4%), sport activities (26.9%), and remedies (19.3%); in the guideline-group, sick leaves (64.0%), prescribed medications (10.1%), and visits to physicians (6.2%); and in the non-guideline-group, sick leaves (23.8%), remedies (20.7%), and reduction of earning capacity (12.7%). CONCLUSIONS: PRO seem to be better in the self-treatment-group, reduction of earning capacity (43.4%), sport activities (26.9%), and remedies (19.3%); in the guideline-group, sick leaves (64.0%), prescribed medications (10.1%), and visits to physicians (6.2%); and in the non-guideline-group, sick leaves (23.8%), remedies (20.7%), and reduction of earning capacity (12.7%). PRO seem to be better and costs lower in self-treatment-group. The major cost factors are different among guideline, non-guideline and self-treatment-groups, while costs are positively related to age and unemployment.

URINARY/KIDNEY DISORDERS—Clinical Outcomes Studies

PUK1
CLINICAL ATTITUDES ON CHRONIC GRAFT DYSFUNCTION: THE ICEBERG STUDY
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OBJECTIVES: Renal impairment after transplant is associated to a greater risk of death. It is of interest to assess how and when the diagnosis is made. To evaluate the diagnostic method of renal dysfunction (Clinical or Histological). METHODS: Observational and multicenter study including 872 renal transplant patients with at least two years post-transplant. Data were retrospectively collected at five pointssince transplant. Clini-